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DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

[Concluded from page 235.]

The following quotation, containing the treatment of scarlatina in different years, for the last half century, is practically important, and therefore we shall make no apology for inserting it here.

"Dr. Sims states (page 417) that in the year 1786 he treated upwards of two hundred patients, and out of that number he lost but two. This treatment was by gentle laxatives, mineral acids, and occasionally a little wine. In the year 1804 scarlet fever broke out at Herriot's Hospital, in Edinburgh, when Dr. Hamilton had fifty of the boys placed under his care, and of these three only died, and those of the secondary symptoms, or dropsy; and so rapid was the watery effusion, that it filled the cellular membrane, and inundated every cavity within thirty-six hours from the attack, and the boys died laboring under symptoms denoting ascites, hydrothorax, and hydrocephalus. In the treatment I employed purgative medicines fully. The effect was favorable; the feces were hard, generally of a black or greenish color, and fetid, and sometimes the color and consistence of clay, and less fetid. In proportion to the evacuation of these feces, relief was perceptible.

"In the year 1820 scarlatina broke out at Alford, in Aberdeenshire; and out of one hundred and sixty cases treated by Dr. Murray, only sixteen died, three of them women, immediately after delivery. This appears to have been a severe form of the disease, and was in the latter stages attended with a swelling of the wrists and hands, and less commonly of the knee joints and other articulations, attended with much pain, and a feeling of a want of power of motion. In the treatment bleeding was but rarely practised. (Page 347.) Purgatives were not omitted, but I was somewhat disappointed in the degree of benefit derived from them. Emetics were frequently employed, but they only gave relief to the throat, obstructed by swelling or mucus, and their effect in this way was generally very great. Latterly, however, they have been exhibited only in very urgent obstructions of the throat, for in a few cases they left distressing and long-continued sickness, and I think I have known them increase the tendency to sensorial derangement. The affections of the head were met by shaving the scalp, blistering the nape of the neck, putting sinapisms to the feet, and warm fomentations to the legs. The affections of the joints were generally very distressing, but were removed by warm fomentations; stimulants

were not used till late, and were generally unsuccessful, though he admits there are cases in which they are admissible.

"In 1832-3 scarlet fever again broke out at Herriot's Hospital, when forty-five of the boys were seized, and placed under the care of Dr. Hamilton and Mr. Wood, and only one of the forty-five died, although nine fell ill of dropsy. The treatment (page 37) of the disease, in its primary form, was extremely simple. In some of the earlier cases emetics of ipecac were administered at the commencement of the complaint; but in the latter cases purgative medicines were used in preference, and repeated almost daily, till the fever had subsided, when they were continued at intervals, more or less short, till the patient was considered perfectly cured. The purgatives employed were compound powders of jalap, jalap and calomel, supertartrate of potash, infusion of senna, epsom salts and compound colocynth pills, varied according to circumstances.

"In 1834 scarlet fever prevailed, also, at the London Foundling Hospital, and upwards of a hundred children were seized with it. Out of this number only three died, and those of the secondary affection, or dropsy. The treatment in this case was principally by mineral acids, small quantities of wine, jellies, and a nourishing, but antiphlogistic diet.

"Such are the results that have been obtained by the practice of bleeding, as well as by abstaining from it, in the cure of scarlet fever; and if we compare them, the results will stand thus:

Of 121 treated at the Foundling Hospital,	- - -	19 died.
60 " " London Fever Hospital,	- - -	10 "
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181 or nearly one in six		29
While of 200 treated by mineral acids and wine,	- -	2 died.
160 " purgatives and emetics,	- -	16 "
50 " " "	- -	1 "
45 " " "	- -	3 "
100 " mineral acids and wine,	- -	3 "
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555 or 1 in 22		25

"It seems, therefore, proved, that one in six has died after bleeding, while only one in twenty-two has died after a milder, if not a directly opposite mode of treatment; and the conclusion which inevitably follows is, that the chances of recovery are diminished by the practice of bleeding, in the ratio of nearly four to one, as compared with the chances supposing the patient not to have been bled." (152).—*Johnson's Review*, Vol. 31, pages 64 and 65.

The following is the course of practice which we have found the most effectual in the treatment of scarlatina; for of the number so treated, about one in a hundred only have died.

In the slightest forms of scarlet fever, very little or no medication is necessary, further than to confine the patient to his room, and to an antiphlogistic regimen, with the occasional use of a cathartic of calomel, or calomel and jalap. The patient, however, should be watched at the

decline of the eruption, and diseased action combated with proper remedies, for rheumatism or dropsy as often follows the mild as the severe forms of the disease.

In the first stage of the highly inflammatory form of scarlatina, during the severe cold chills and nausea, the precursors of high arterial action, an emetic of ipecac may be given, and worked off with a weak infusion of camomile or lukewarm water; after which, if there is a tenderness at the pit of the stomach, five or six leeches may be applied to that region, and powders composed of equal parts of calomel, pulv. antimonialis and camphorated nitre, in the dose of from one to six grains of each, every hour or two, according to the age and the circumstances of the patient, until they act freely upon the bowels, when the interval between the powders may be extended to four hours, and between each dose an effervescing draught of soda powders, or the spirits of *Mindereus*, should be employed. But generally we omit the emetic, especially if the stomach is in an irritable state, and give the compound powders in the beginning of the disease; and if the powders are rejected, the pulv. antimonialis may be left out, and the calomel and nitre continued every hour until they act upon the bowels. But if the bowels remain constipated, notwithstanding the use of the calomel, either croton oil, jalap, an infusion of senna and manna, or epsom salts, should be given to quicken the action of the calomel; and as soon as the bowels are effectually wrought upon, and the stomach become quieted, the antimonialis may be added to the calomel and nitre, and continued through the two first stages, or until the mouth begins to be touched with the calomel, when it must be withdrawn, and the other two powders continued. with the effervescing draught between them, during the continuance of the stage of excitement, when they should also be omitted.

Leeching or cupping at the pit of the stomach will relieve the irritability of that organ sooner than any other remedy, and prevent a violent reaction when the stage of oppression passes off; and where neither leeching nor cupping can be practised, general bleeding may be substituted for it during the cold chills, if the symptoms indicate a violent reaction. General bleeding, however, is usually deferred to the stage of excitement. But a much less quantity of blood taken during the chills will suffice to moderate the reaction, than would control it after it has already taken place, and here "a grain preventive is better than a pound curative." However, the physician is not always called until reaction has taken place; but he can then bleed, unless there are insuperable objections to it by the patient or his friends, in which case the affusion or sponging with cold water, or water and vinegar, may be substituted for it during the stage of excitement only, five or six times a day. From experience we can recommend the application of cold water, as a complete substitute for bleeding, in eight out of ten cases of the inflammatory scarlet fever; and sponging is so much more easily managed than the affusion, that in our practice we have generally preferred it.

During the second stage of the disease, if the throat and contiguous glands are much swelled, leeches should be applied under each ear; and

after they have dropped off and the bleeding has ceased, some one of the cataplasms above mentioned may be applied to the swellings, and renewed every four hours, until the swellings are reduced, when they should be omitted, and volatile liniment substituted for them. In the mean time the ulcers of the throat should be touched twice a day with either a solution of blue vitriol or with nitrate of silver. After sloughing has commenced, a gargle of sixty parts of water to one of creosote will relieve the fetor and dispose the ulcers to heal. A solution of the chloruret of lime may also be used to correct the fetor, or the acetous tincture of capsicum saturated with common salt may be employed for the same purpose, and a lump of nitre may be held in the mouth, and the solution swallowed.

If, notwithstanding the above remedies, the reaction continues violent, bleeding must be repeated, and the excessive action reduced, or fatal lesions of the vital organs are sure to follow. "Blood has been drawn at all periods of the disease, in cases where the state of the lungs and brain required it; and should the operation be performed during the period of eruption, it will disappear if a sufficient quantity of blood be taken. When inflammation of the throat runs very high, I know of no remedy productive of such certain and immediate good effect as general bleeding; but should the patient's strength be already reduced, leeches are to be preferred."—*Mackintosh's Practice of Physic, Vol. I., p. 194.*

In all cases accompanied with violent arterial action, where general bleeding is impracticable, as in the case of infants, leeches should be substituted for the lancet. Leeches should also be preferred in all cases where there is a local determination of blood, whether to the head, throat, lungs, liver or stomach, when the leeches should be applied as near the part affected as possible.

If the febrifuge powders act too freely upon the bowels, or symptoms of pyalism begin to appear, the calomel should be withdrawn, and the antimonial powders and camphorated nitre continued until the fever abates; but if a looseness still continues, one or two grains of the pulv. Doveri may be added to each powder until the diarrhoea ceases. As soon as the excitement is removed, the cold affusion should be suspended, and the effervescing draughts changed for the spirits of Mindererus, prepared with excess of ammonia. And the fever powders should not be given after collapse commences, for they would then increase debility and often prevent recovery.

In general, if the vitiated secretions are removed by a proper course of cathartics early in the disease, a diarrhoea does not occur towards its close; but if it should come on, it must be moderated by a judicious employment of opiates, absorbents, and occasionally astringents, interposed with a cathartic of rhubarb and calomel from time to time.

The Dover's powders, above mentioned, are among the best remedies for the cure of a diarrhoea, from whatever cause it may originate; for they not only relieve the irritability of the bowels, but determine to the surface, and direct the afflux of fluids from the intestines—but where there is much heat present in the system, the powders should be combined with camphorated nitre.

In the third stage, or stage of collapse, when the rash is passing off, the patient should be narrowly watched, and morbid actions promptly met as they arise, for this is one of the critical periods of the disease, when the patient is in danger of being eventually lost by a little neglect of the attending physician.

When febrile heat has ceased and debility alone remains, the patient may take one or two grains of camphor every hour or two, or the same quantity of the carbonate of ammonia, until the strength is recruited; and at the same time, if the system is very irritable, a small Dover's powder may be given two or three times a day. During the convalescence, if debility is very considerable, the patient may take wine and quinine, but generally an infusion of camomile or quassia, with ten or fifteen drops of elixir vitriol, should be preferred.

The oxygenated muriatic acid, or the nitro-muriatic acid, are preferred by some physicians, and either of them may be substituted for the diluted sulphuric acid.

In the treatment of the congestive form of scarlet fever the patient should be put into a warm bath saturated with the muriate of soda, and frictions with flannel should be applied to the surface of the body at the same time, or any one of the forms of steam bathing may be employed; and if the animal heat is very low, warm wine and water, or warm brandy and water, may be given until the heat is increased and the circulation restored, when a vein should be opened, and the patient bled in a *recumbent posture* until the circulation rises and the oppression is removed, always taking care to feel the pulse at the same time, and to be guided in the quantity taken by the effect which the bleeding has upon the pulse. If the pulse rises as the blood flows, the bleeding should be continued until the oppression is removed; but if the pulse sinks lower and the patient feels a disposition to faint, the bleeding must be immediately stopped, and warm wine or warm brandy sling be liberally given until reaction is excited, when bleeding may again be attempted, and in the mean time the warm stimulants continued, with the warm or steam bathing. If the wine or brandy disagree, other cordial stimulants may be substituted for them, such as capsicum, ammonia, ether, sp. lavender comp. The stimulants should be continued until reaction commences, when they may be withdrawn, and the disease treated according to the rising symptoms.

At the very commencement of the attack, in addition to the bleeding, the patient should take calomel, in the dose of ten or twelve grains every hour, until it acts upon the bowels; but if it does not take effect in the course of six or eight hours, he should take from ten to fifteen grains of jalap with every other dose of the calomel; and if the jalap is rejected from the stomach, one drop of croton oil may be substituted for it, and given with each dose of the calomel, and continued until free purgation is effected. A large stimulating enema, made of an infusion of nut, catnip or pennyroyal, with one large spoonful of salts and a teaspoonful of powdered capsicum, may also be injected every two hours until the rectum is thoroughly emptied. Injections will sooner relieve the irri-

tability of the stomach than almost any other remedy ; but if retching continues, one drop of creosote on sugar will stop it. Such is the torpor of the bowels in these cases, that large doses of cathartic remedies are required before an operation can be obtained.

After the bowels have been properly evacuated, the calomel should be continued in smaller doses, at longer intervals ; and when fever and reaction take place, the calomel may be combined with the febrifuge powders above mentioned ; otherwise the calomel alone should be continued until ptialism takes place, when the congestions will have been removed, the circulation equalized, and the danger of the disease have passed away.

When reaction does not take place after venesection, Madeira wine, with camphor, carbonate of ammonia, chloric ether, or other diffusible stimulants, should be employed, according to the urgency of the symptoms. We again repeat, that capsicum powder, in the dose of a teaspoonful, in these cases, is one of the best of remedies. The diffusible stimulants may be given according to the urgency of the symptoms, but if organic lesions are present they are generally injurious. Small doses of opium or Dover's powders, combined with the calomel, are often highly beneficial, especially when excessive debility and irritability exist without organic lesion.

The depletive and alterative plan of treatment will often succeed in the congestive form of scarlatina, if it is promptly adopted, and properly pursued afterwards ; but this form is much more apt to prove fatal than any other. In its general appearance it so strongly resembles the late epidemic cholera, that it has been mistaken for it. A genuine case of cholera is a fair specimen of the severest form of congestive fever ; and a congestive fever, from whatever cause, exhibits the same general symptoms, and requires the same general method of treatment.

According to our views of the scarlatina, the above method of treatment, in the highly inflammatory and in the congestive forms, is the most judicious which can be employed ; but between the two extremes of the mild inflammatory and the typhus gravior, or congestive forms, there are so many shades and gradations, from the mildest to the most grave disease, that the treatment must vary according to the symptoms of the disease. Much, therefore, must be left to the judgment of the attending physician.

"Before concluding the subject of scarlet fever, it ought to be noticed that most of the old authors are for, and most of the later against, depletion in the malignant forms ; so various are the records of human opinion, even on matters of vital importance. The theories of medical men are constantly changing, but diseases have always been under the same influences ; as the planets revolve by the same laws, whatever conjectures were formed of them in the lapse of ages. The opinions of men may vary, but the operations of nature are unchangeable."

"In bringing my observations to a close, I must once more repeat, that as the partial application of the active means recommended would not answer in the early stages of the highly malignant scarlet fever, so their use in the last would be inevitably mortal ; and I must, therefore, earnestly

caution those who may hereafter try them, alike to avoid their partial or late employment."—*Armstrong on Scarlet Fever, pages 64 and 67.*

The convalescence in scarlatina is often very tedious, but may be shortened by a judicious use of mineral acids and bitter infusions. An excited and feverish state of the system often accompanies the process of desquamation, and requires the employment of saline and active aperient remedies. And it should be further observed, that after an attack of scarlatina the system is very susceptible of diseased action, and hence very slight colds often renew general or local inflammatory action, one of the results of which is, an inflammatory croup. But according to our observations, this form of croup more often follows the scarlatina *sine eruptione*, than any other form of the scarlet fever, and there is no doubt that it is sometimes caused by the ulcerations of the fauces travelling down the trachea; but the disease is often the consequence of the neglect of calomel and other depleting remedies, in the previous disease. And, therefore, whenever it does occur, it must be treated with bleeding, leeching, blistering, and calomel, in the dose of three or four grains every hour, until it acts upon the bowels, after which it may be given every four hours in diminished doses, combined with pulvis antimonialis and camphorated nitre from the commencement of its employment, and in the interval between the powders a proper quantity of Coxe's hive syrup may be given.

The inflammatory rheumatism is another disease which results from the morbid action which follows the scarlet fever, and is to be treated by one general bleeding, and leeches afterwards if more bleeding is required; also a cathartic of calomel and jalap, repeated according to circumstances, with occasional blisters. But the judicious use of the wine of colchicum, in the dose of from five to twenty drops four times a day, will often prevent the necessity of bleeding more than once. Digitalis, from its power of controlling the circulation, is often very efficacious in the treatment of the rheumatism which follows the scarlet fever.

Another result of the morbid action following the scarlatina, about the twenty-second day from the decline of the eruption, is either an anasarca, ascites, hydrocephalus, hydrothorax, or hydrops pericardii. These dropsical affections are best removed by the use of digitalis and a liberal use of cream of tartar, occasionally interposing a cathartic of calomel and jalap. Colchicum is also often highly beneficial, and sometimes bleeding, and at other times cordials and tonics; but generally digitalis will be found the most efficacious of any single remedy. The best preventives of these secondary diseases are proper depletion in the primary affection, avoiding the use of stimulants and taking cold during the state of convalescence, and taking magnesia and cream of tartar daily, in doses sufficient to keep the bowels moderately loose.

Palliatives and Preventives.—Experience has taught us that premising a dose of calomel and jalap, and confining the patient to a low diet, after exposure to the contagion of scarlatina, will influence this disease, and render it as much milder as a preparation of dieting and physic does the *smallpox*; and therefore when one of the members of a large family is attacked with the scarlet fever, the others are directed

to take the above cathartic, and to confine themselves to a low diet. The result has been, that not one of the family so treated has afterwards had the malignant variety of the disease. Physicians may rest assured, that if the cathartic is seasonably given, and the low diet strictly adhered to, the disease will generally appear in its mildest form, and consequently many valuable lives be preserved.

Precaution should always be taken to keep the sick and the well in different apartments when it can be done; and the sick rooms should be ventilated as much as possible, the floor often sprinkled with vinegar, and the bed clothes and body linen often changed. Under such circumstances, we have found the disease much less apt to spread through the whole family, than when the different members promiscuously mix in the rooms of the sick. Hence, like typhus, the scarlet fever is much more apt to show its contagious nature among the poor, in crowded unventilated apartments, than amongst the wealthy who occupy large airy dwellings.

Dr. Sims found rhubarb, in small doses, a good preventive.

In Germany, Dr. Hahnemann, of Leipsic, has proposed the use of belladonna for the same purpose; and from its power of lessening the irritability of the system, we should judge it to be a valuable preventive of scarlatina.

The following paragraph is from the *Edin. Med. and Surg. Journal*.

"Dr. Berndt, of Custrin, states that out of one hundred and ninety-five cases of children under fourteen, who took the belladonna, and were freely exposed to the contagion, fourteen only were infected: and that when he afterwards used a stronger preparation of that drug, every one escaped: all those exposed in families, who had the scarlatina, and who did not take the medicine, took the disease; whilst those who did, escaped. Other strong testimonies are given in its favor. Koseff, of Berlin, states that if the belladonna be taken in proper doses for eight or nine days before exposure, the persons taking it are safe. The quantities given are very small. Three grains of the extract are dissolved in an ounce of cinnamon water, and of this two or three drops are given to a child under twelve months, and one drop more for every year above that. In general, no effect is produced by it; sometimes, however, it produces an eruption like that of scarlatina. It renders the attack more mild, if it does not prevent the disease, and if taken four or five days before exposure, the disease never proves fatal."

DR. ALCOTT'S WORK ON VEGETABLE DIET.—No. III.

[Communicated for the *Boston Medical and Surgical Journal*.]

I now come to the evidence which Dr. Alcott adduces in support of his opinions. In the first place, the doctor gives us several letters from different persons in this country, which he intends shall sustain him in his views. These letters he seems to regard as a great triumph. He dwells on them with much self-complacency, and takes every opportunity to

thrust the evidence which they furnish in the face of his opponents. On them he relies to meet objections, to silence cavillers, and to stop the mouths of skeptics. He is astonished that they are all so favorable to the vegetable-diet system, and appears to regard the unbelievers in this system as now nearly annihilated. He dwells particularly on the *medical* testimony which the letters contain touching the sovereign powers of bran bread, and talks as though the whole medical world had now come out its uncompromising advocates. But it will, perhaps, be worth our while to take a look at these letters.

The letters are twenty-three in number. They contain the testimony of fourteen physicians, one dentist, six squires, and two ladies. They are the result, as has already been said, of the joint labors of Dr. Alcott and Dr. North. Dr. Alcott has been laboring at this business "from his very childhood," say thirty years; and Dr. North has labored, at least, several years. They addressed letters to individuals, and published circulars in the medical journals, requesting information confirmatory of their views. The circulars alone (judging from the manner they were published) must have been read by, at least, five thousand persons. I leave the reader to judge whether the number of twenty-three is a very extraordinary proportion, considering the time spent and the pains taken to pick up evidence. What great error is there that ever sought footing in our world, which did not gain more supporters? Suppose the bran-bread system to be a great *humbug*, as it undoubtedly is, is it any more strange that it should find advocates in this land, than the thousand other impositions which are daily palmed off on a credulous people—animal magnetism, Owenism, Matthiasism, Mormonism, Maria Monkism, Fanny Wrightism, &c. &c.? Either of these impostures is (or has been) as well supported, so far as names give support, as the exclusive vegetable diet system of Dr. Alcott and Mr. Graham. Why, then, all this flourish of trumpets on the part of Dr. Alcott, because he has been able to find, after much hard labor, a few half dozens of persons who give some countenance to his errors? Are all the extravagant and absurd fancies of our day to be regarded as truth because they are each duly certified by certain moon-struck gentlemen and ladies?

But what do the much-vaunted letters, which Dr. Alcott publishes, really amount to? I have allowed their number to be twenty-three, but I have not said that two of them are adverse to Dr. A.'s system. One of the writers, Dr. Preston, tried Dr. Alcott's plan of living, and declares he should have died, if he had not changed his course. Another, Dr. Harden, states a case in which alarming debility, swelled legs, cramps, &c., were caused, as he supposed, by a too rigid adherence to the lauded system of Dr. A. I shall not notice the doctor's way of getting over these cases. His arguments, to say the most of them, are nothing better than quibbles. But I am impatient to get at the *medical* testimony contained in these letters, which is deemed of such vast importance in settling this bran-bread controversy. Vegetable diet *as sanctioned by medical men*, says the title page of Dr. Alcott's book. And are the doctor's vagaries really sanctioned by medical men? May he with truth say that he is upheld in his extravagances by the great

body of physicians? With what justice can he assume that *the* profession is on his side?

To give Dr. Alcott a fair chance, I will give the names of the physicians who report favorably in part of his system:—D. S. Wright, Whitehall, N. Y.; H. A. Barrows, Phillips, Me.; C. Bannister, Phelps, N. Y.; L. Terry, Franklin, Vt.; W. H. Webster, Batavia, N. Y.; J. Porter, North Brookfield, Ms.; N. J. Knight, Truro, Ms.; L. Keep, Fair Haven, Ct.; H. H. Brown, West Randolph, Vt.; F. Knox, St. Louis, Mi.; and “a highly respectable physician” without a name. In this list we have not included Dr. Alcott himself, nor Dr. Paruly, a dentist. The latter, indeed, does not seem to be a thorough-going bran-bread man, for he eats butter, eggs, and milk, and approves of fish, fowl and mutton. Dr. Alcott’s real numerical strength, then, may, for the present, be admitted to be *ten* (we cannot, of course, include in this estimate “the highly respectable physician” without a name). These ten the doctor would have us regard as *the* profession. I do not think that they, as individuals, would be much pleased with this rude use of their names. The position which they hold in Dr. A.’s book is certainly not a very enviable one for modest men. I do not doubt that they are all high-minded and respectable physicians, but I venture nothing in saying that, as a body, they are unknown to the profession. As for myself, I do not recollect to have heard of one of them, with the exception of a single individual—a very worthy and respectable man—until I saw their names paraded in the volume before me. Certain it is, they cannot claim the right (they would doubtless shrink at the thought) of speaking for their professional brethren. They seem to have been generally young men, honest in their intentions, but without much experience or practice. At any rate, they give no cases to illustrate their views. There is not a fully detailed case to be found in all their letters—a case so stated that a reader could form an independent opinion concerning the alleged effects of an exclusive vegetable diet on the health. Several cases (seven in the whole) are alluded to, it is true, but they are little more than alluded to. No particulars are given. How shall we account for this want of facts to illustrate the principles maintained? Does not this want show that bran-bread doctors form their opinions hastily, and without a very large share of observation and experience? One of Dr. A.’s correspondents above named says, rather unwittingly, that he has had no cases of “phthisis, scrofula and dyspepsia” to treat, and therefore cannot tell the effects of a vegetable diet on such.

But there is a very grave objection to the medical testimony which Dr. Alcott offers, which has not yet been noticed. His witnesses, in nearly every instance, seem to have been broken-down dyspeptics, or invalids of some description or other. They testify concerning means which they have used in their own diseases, and every one knows what miserable doctors physicians are when they come to practise on themselves. They are a little more likely to be whimsical, to form extravagant opinions, and to judge wildly, concerning themselves, when they are sick, than any other class of people. They are always thinking of

their own complaints, watching the operation of the organs, feeling the pulse, looking at the tongue, and examining anxiously whatever they eat or drink or wear. I have known several physicians, dyspeptics, who have worked themselves into a perfect frenzy by fixing their minds too intently on their own complaints. They have, in fact, become monomaniacs on the subject of their own health. The opinion of such persons concerning themselves is, of course, worth nothing. They mistake entirely the nature of their own diseases, and of the means best calculated to relieve them. Their opinions regarding the beneficial or injurious operation of remedies are the result of impulse and feeling, and are as likely to be wrong as right. Though I presume Dr. A.'s correspondents are not, as a body, as desperately off as some physicians I have known, their letters, I think, give evidence that some of them are beside themselves—that the health has operated injuriously on the mind, as well as the mind on the health. At any rate, I am not disposed to regard their testimony of much worth, coming in the way it does, and unsupported, as it is, by observation and experience beyond one's self. Besides, the dispute between Dr. A. and myself is not whether an exclusive vegetable diet may not be proper for the sick, such as Dr. A.'s witnesses seem to have been; but whether such a diet ought to be adopted by all, sick and well, the sedentary and active, the studious and laborious. Though the doctor's correspondents were really benefited and cured by a meagre vegetable diet, that fact does not prove that others who are well enough would be made better by adopting his bran-bread and dried-apple system of living—the real question at issue. He seems to think that whenever a man testifies to the importance of a spare diet in curing certain diseases, he has so much evidence in favor of his starvation plan for all mankind. Thus he is perpetually losing sight of the real matter in dispute, or confounding it with others which have no connection with it. Some of his authorities, whose names I have given, evidently design that their remarks shall apply to those that are sick, and not to such as are well. Dr. Knox thinks a "vegetable diet of the utmost consequence in most diseases," but says not a word about starving those that have no disease. This opinion of Dr. Knox is not new. Most will approve of it with, perhaps, a little modification of the language in which it is expressed. It did not require to be blazoned abroad in a book made for the purpose. As for the most objectionable part of Dr. A.'s system—the confining of laboring people to the pap of invalids, or to a scanty diet of vegetables and fruits, under the expectation of making them healthier, stronger and longer lived—not one of his medical authorities seems to approve it. Several of them, indeed, express an opinion directly adverse to it. Several others, as I have already said, breathe not a thought which could bear us out in applying their remarks to others than invalids. Though their ideas are, in general, sufficiently erroneous, when applied to the sick universally, yet I rejoice that they cannot be charged with going all lengths with Dr. Alcott in his very foolish and impracticable plan of making the world a great hospital of incurables. But my sheet is full. I will endeavor to finish what I have to say, next week.

RHUS RADICANS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In addition to Dr. Toothaker's article contained in the *Journal* of October 24, on *Rhus radicans*, I would say, as a caution to those disposed to chew the leaves of this plant as a prophylactic, that the result will be what common sense would dictate, viz., an intense inflammation and vesicular eruption of the mucous membrane, so far as the acrid juices of the plant are applied. I learned this in childhood, by sad experience, having repeatedly heard it recommended as a perfect safeguard to subsequent exposure; but in my case the theory was proved to be false, as in no way did it overcome my susceptibilities.

Persons obnoxious to this poison, after a day of great exposure, can in most cases ensure to themselves impunity from its effects, by a thorough bathing at evening in a sat. sol. of muriate of soda; and those not obnoxious to its external application, may generally chew it with the greatest impunity. Hence the physician who should render only a tacit assent for a trial of the leaves of this plant as a prophylactic, would be quite likely soon to involve himself in a serious dilemma; he had far better recommend to his patients to avoid exposure.

Orford, N. H., Oct. 30, 1838.

WILLARD HOSFORD.

ASTER NOVANGLIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the 11th No. of the present Vol. of your *Journal*, I observed a communication from your friend, Dr. Partridge, respecting the *Aster Novanglia*, and its medicinal qualities, in which he says, "it is probably described in some Botany, but not in Eaton's." I think the Dr. must be a little mistaken, for he may find it well described in Eaton's 6th edition, page 39th, in his arrangement of the species. I was much delighted to hear so enlightened a physician as Dr. P. speak in favor of this useful but neglected plant, which in the hands of herbalists has been beneficially used in many cutaneous diseases, and which in the hands of enlightened and scientific physicians would become a valuable adjunct to the medical botany of our country.

Dr. P. may also find a notice of this plant in the "*Medical Flora, or Manual of Medical Botany of the United States of N. America*, by C. S. Rafinesque, Vol. 2nd, p. 198, where it is said to be used in decoction, both externally and internally, in many diseases of the skin, and that it removes the poisonous state of the skin caused by *Rhus* or *Sumac*.

WM. TRIPURE.

Shaker Village, N. H., Nov. 7, 1838.

A new edition of Dunglison's *Medical Dictionary*, in one volume, is in press in Philadelphia. A new edition of Forbes's translation of *Laennec* on diseases of the chest, by Dr. Fisher, of Boston, is also nearly ready.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 21, 1838.

FUNCTIONS OF THE CEREBELLUM.

A WORK is on sale at Marsh, Capen & Lyon's, with this title—"On the Functions of the Cerebellum, by Drs. Gall, Vimont, and Broussais; translated from the French, by George Combe : also, Answers to Objections urged against Phrenology by Drs. Roget, Rudolphi, Prichard and Tiedemann, by George Combe and Dr. Andrew Combe." It was published quite recently in Edinburgh, a few copies only having reached this country. No man at all conversant with the commonly received physiological opinions of the day, can read this book without being struck with the importance of the discovery which is laid open. By the mere arrangement of cases, there is a display of irresistible evidences, which show that we have all been groping in the dark after truths which nature has always displayed in the clear light of day. The discoveries of Gall in relation to the functions of the cerebellum, had he done nothing else, would have been in themselves sufficient claims to all the distinction which has been grudgingly meted out to his memory in nearly all the old countries of Europe, and in America. A thinking, reflecting practitioner of medicine, after studying this very able and certainly original display of profound investigation, could not in conscience any longer continue that misapplication of remedies to organs, the derangements of which, instead of being local, depend entirely on a diseased condition of some particular part of the encephalon. To the mere general reader the work would afford extraordinary interest, though properly fitted to the meridian and capacities of professed anatomists and physiologists. Dr. Gall's petition and remonstrance against an order issued by Francis the first, Emperor of Germany, for prohibiting him from delivering lectures on the functions of the brain, without special permission, is a masterly performance, and worthy of the genius of the great but abused philosopher who wrote it. This closes the book, and here, too, we are obliged to leave it, not, however, without urging it upon all our readers.

The Remains of Dr. Physick.—Dr. P. left a paper directing the disposition of his body after death, as follows :—a dissection was absolutely prohibited ; no one was to touch him but two females, who had been his domestics for the last twenty years. He was not to be taken from his bed for some time, but to be wrapt up in it warmly ; the room was to be kept well warmed till putrefaction had commenced. He was then to be covered with flannel and placed in a wooden coffin, painted outside, with a mattress in the bottom ; and this coffin was to be placed within a leaden one, and soldered up closely. A public notice was to be given of the period of his interment, but no invitations issued. It happened that the warmth of his chamber, says Dr. Bell's Journal, acting upon remains predisposed by disease to a ready putrefaction, soon brought about that evidence of death, and he was accordingly enclosed as he wished, in

addition to which, there was another coffin covered with black. Among the other peculiar arrangements, attending his death, was a rigid watch being kept for six weeks, during the night, over the place of his interment, and which was said to be according to his directions, to prevent the body from being disturbed.

With strong sentiments of piety, says the necrological notice, he was constantly in a state of anxious vacillation in regard to the Christian faith. Impelled to it on one side by a sense of his helplessness ; of the necessity of a support more than the world could give ; by a feeling of respect for a system so universally diffused, advocated and adopted by men of the greatest virtue and intelligence : on the other side, he was repelled from it by the invincible principles of his own mind. It was an incomprehensible code to him, and so it continued to the last. "In former years, I have heard him say, when ruminating on the subject—'Death, what can it be ; with all our inquiry, it is at last a fearful step in the dark.'"

Louisiana Medical College.—We understand that Dr. J. B. S. Jackson, of this city, has recently been offered the chair of anatomy, in this flourishing institution. If the college had been fortunate in securing the services of this gentleman, it would have had an able teacher and an excellent, talented, worthy man. We congratulate the profession in this city that they are not to be deprived of the services of so well-trained—indeed we may say eminent—a pathologist, and trust we may soon be able to make the announcement that the services he can so well render are to be permanently secured to us.

Enlargement of the Mammæ.—A stout muscular man, aged 60, in England, has recently presented the phenomena of enlarged, pendulous mammæ, accompanied with a wasting of the testes. The circumference of the mammæ at the base is fifteen inches ; length, vertically, 6½ ; length, transversely, 8 ; the nipple faintly colored, with an areola of about one inch breadth. There is no appearance of milk. The right testicle has almost entirely disappeared, and the left about half the natural size. The cause is supposed to be a fall in 1835. In attempting to leap a trench, he struck his chest against the opposite side, which precipitated him to the bottom, a distance of ten feet, and caused a blow upon his loins, and another upon his neck, on the second dorsal vertebra. In this state he remained insensible for five hours. Three days after, he felt acute pain in the mammæ, which became red, and began gradually to increase. About five weeks after the fall severe pains were felt darting from the lumbar region in the direction of the spermatic cord to the testes, which were very painful. His voice soon altered, becoming more feminine, and he believes a change took place in the back of his head, the horizontal circumference of which is 23 inches. The changes in the mammæ and testes have been gradually progressing to the present time. Previous to the accident he possessed perfect virility, and had from boyhood been extravagantly devoted to the female sex ; but afterwards he lost all power of sexual intercourse, and this impotence still continues.

The Black Color of a Hernia of the Iris, explained.—The black color of a recent hernia or prolapsus of the iris, may be referred to the con-

tact of the pigmentum nigrum to the point of the adhesion with the cornea. The herniæ imbedded in cicatrices of the cornea, after firm union has taken place, are likewise black. This obtains in both cases, whatever may be the color of the iris. The resemblance which an incipient hernia bears to the head of the house-fly, has obtained for it the name of myocephalon.

Indigo in Epilepsy.—Dr. Roth, of Mayence, has published a paper on the employment of indigo in spasmodic affections, especially epilepsy. It is given in the shape of an electuary made with syrup and water two parts, indigo one part; of this mixture an ounce is a fair dose. In the form of powder it is apt to create irritation and spasm of the fauces. A tendency to diarrhœa sometimes follows its employment, and must be checked by astringents. Nausea and vomiting are produced by a large dose. It was beneficial in many cases.—*London Lancet*.

Digitalis.—M. Labelonge having made numerous experiments on digitalis, is of opinion that the medicinal principle of this plant has not yet been obtained in a separate state; that water takes up only a few of the principles, while alcohol takes up only certain other ones; hence digitalis should be treated with water and alcohol together, or with alcohol at twenty-two degrees, in order to produce an hydro-alcoholic extract, containing the volatile oil, resins, salts, bitter extractive principle, &c., of the plant.—*Journal de Chimie*.

DIED.—In Montgomery Co., Texas, Dr. Daniel Quimby, of Sandwich, N. H.—At Paris, Dr. Alexander Thomson, son of Prof. A. T. Thomson, of University College, London.

Whole number of deaths in Boston for the week ending Nov. 17, 31. Males, 15—females, 16.

Of consumption, 3—delirium tremens, 1—hooping cough, 1—croup, 3—inflammation of the lungs, 1—typhoid fever, 3—old age, 2—convulsions, 1—influenza, 1—inflammation of the bowels, 2—lung fever, 1—dropsy, 1—suicide, 1—burn, 1—scarlet fever, 1—infantile, 2—dropsy on the brain, 1—fits, 1—scirrhus of the liver, 1—stillborn, 2.

DR. JACKSON'S REPORT.

A Report on the cases of Typhoid Fever, which occurred in the Massachusetts General Hospital from the opening of that institution in September, 1821, to the end of 1835. By James Jackson, M.D., late Attending Physician in that hospital. Highly recommended in the American Journal of Medical Sciences, and in Dunglison's Medical Library. Published by
Nov 21—32 WHIFFLE & DANRELL, No. 9 Cornhill.

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid.
Nov 21—32

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - - Dr. BIGELOW.

On Anatomy and Surgery, by - - - - - Dr. REYNOLDS.

On Midwifery and Chemistry, by - - - - - Dr. STORER.

On Physiology and Pathology, by - - - - - Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREY'S STOKER,
OLIVER W. HOLMES.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this institution will commence on WEDNESDAY, the 24 of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	DAVID M. REESE, M.D.
Chemistry and Natural History, by	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	DAVID M. McLAUGHLIN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dismissing fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1838.

C31*

J. H. ARMSBY, *Dean of the Faculty.*

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

Oct 31—epif

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JAFFRAY will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, to commence the second week in November and continue during the course of medical instruction of Harvard College. The lectures will be illustrated by cases under attendance at the Infirmary.

Boston, October 24, 1838.

C31—3t.

No. 9 Franklin Street.

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 11 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 30 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—5t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.